

NHS Board Meeting
Tuesday 18 December 2012



Director of Emergency Care and Medical Services

Board Paper No. 12/54

WINTER PLAN 2012/2013

Recommendation:

The NHS Board is asked to note the attached Winter Plan 2012/2013.

Background

The attached Winter Plan provides an overview of the plans of each of the partner agencies across Greater Glasgow and Clyde to ensure preparedness for 2012/13. To support the Winter Plan there is an Escalation Plan, with each Agency having their own local plans.

It is recognised at both a local and national level that Winter Planning is now all year planning and not just aligned to the months November to March. The principles outlined in the Winter Plan highlight the actions required to manage surges in demand across the system as per the Escalation Plans for each agency.

A copy of the Plan will be made available on the Board's web site.

WINTER PLAN

2012/13

INTRODUCTION

This Winter Plan provides an overview of the plans of each of the partner agencies across Greater Glasgow and Clyde to ensure preparedness for 2012/13. To support the Winter Plan there is an Escalation Plan with each Agency having their own local plans.

It is recognised at both a local and national level that Winter Planning is now all year planning and not just aligned to the months November to March. The principles outlined in the document below highlight the actions required to manage surges in demand across the system as per the escalation plans for each agency.

The NHS Scotland Resilience & Business Management Division is responsible for the overall co-ordination of winter planning for 2012/13.

The Scottish Government Health Directorate (SGHD) has stated that all plans:

- Should be on a single system basis and should demonstrate inter-agency working across all partners.
- Reflect appropriate planning of services within primary care/community to support reducing demand on A&E and the GP Out of Hours service - it is recognised that any failure to deal with patients quickly and effectively in the primary care/community setting will cause an enormous pressure on the acute sector from those self-presenting at hospital.
- Should ensure System Watch be used systematically for long to medium term prediction of unscheduled activity and for planning of elective activity over the winter months. In NHS Greater Glasgow & Clyde this information tool is used in conjunction with a number of other information prediction tools to assist in managing capacity and demand across the whole system.
- Plans take cognisance of winter planning in neighbouring NHS Boards
- Reflect appropriate planning of services with Local Authorities across the spectrum of services delivered - it has been acknowledged both locally and nationally there are particular challenges which the current financial situation brings for both Health and Community Care Services.
- Clearly outline how Noro Virus will be managed - the SGHD have recognised the impact of Noro Virus on managing capacity during the winter months. Boards have worked jointly with Scottish Government to prepare guidance on this.
- Link clearly to Continuity Plans
- Follow the Daniel Beckett Recommendations as outlined for Winter Planning 2009/10 and in particular the 2012/13 guidelines as outlined below :
 - Agree and test escalation policies;
 - Undertake detailed analysis and planning to effectively schedule elective activity (both short and medium term) based on forecast emergency and elective demand, to optimise whole systems business continuity;
 - Agree staff rotas for the festive period in November to match projected peaks in demand;
 - Optimise patient flow by implementing Estimated Date of Discharge as soon as patients are admitted or scheduled for admission with supporting processes to proactively manage discharge at regular intervals throughout the day;
 - Ensure Consultants are available to discharge patients over weekends and the festive holiday period;

- Agree anticipated levels of homecare packages that are likely to be required over the winter (especially festive) period;
 - Utilise rapid response teams of multi-disciplinary professionals to facilitate discharge;
 - Ensure that communications between key partners, staff, patients and the public are effective and that key messages are consistent.
- Escalation plans should be resourced appropriately

In planning for Winter 2012/13 there is recognition of a number of key challenges and a focus on how these will be addressed:

- RTT Targets – management of elective demand to ensure RTT Targets will be met – elective activity is being reviewed to create additional capacity to manage the increased emergency demand; and in particular during the first two weeks in January 2013, elective activity will significantly focus on day case activity and emergency Cancers.
- Noro Virus – last year was relatively quiet for Norovirus – An Infection Control Policy on Management of Norovirus has been developed with Infection Control. This clearly identifies how norovirus shall be managed and maps to the national guidance which has been prepared. Bed capacity will be created through the realignment of services to manage this emergency demand.
- Capacity within acute services – additional surge capacity has been identified and detailed plans worked up on how this will be implemented.
- Gaps in junior/middle grade doctor rotas particularly in A&E – rotas have been developed to bridge any gaps.
- Current financial challenges – across all agencies this is a significant issue in planning for winter - we will need to be aware of any changes to service provision particularly access to social care and home support packages which support discharge planning and admission avoidance. The current financial position will make it more challenging to provide nursing staff to open additional bed capacity if required
- Managing in severe weather – two years ago this caused particular issues both in terms of access into and out of the hospitals. The severe temperatures affected theatre equipment and in particular SAS ambulances where the hydraulic fluid froze rendering the hoists immobile. This year plans have endeavoured to address these issues e.g. SAS have arranged for Snow tyres to be fitted to ambulances.

The following Winter Plan addresses all of the above and this is supported locally by separate detailed plans for each Organisation/Sector.

As per advice from NADT the following areas must all be considered in developing Board Winter Plans.

1 Health Boards should ensure that their winter planning process includes Community Health Partnerships and Social Work Departments

This is the seventh year in which winter planning has been undertaken in NHSGGC on a single system basis.

In NHS Greater Glasgow and Clyde (GGC), this includes Primary Care, NHS24, Community Health Partnerships, Local Authorities Social Work, GGC Out of Hours, Scottish Ambulance Service, the Acute Division, Mental Health Partnership, Public Health, Oral Health, The Communications Team, Occupational Health and Addiction Services.

To support winter planning across GGC, the following structure is in place:

Winter Planning Group – this includes senior representation from across all partners – this group meets bi-monthly and the focus is to co-ordinate preparation of winter and escalation plans following review of previous winter pressures. During the winter period the Group meets monthly.

Winter Planning Acute Division Group – this group includes senior representation from across all directorates within the Acute Division along with representation from Scottish Ambulance Service and meets monthly.

Sector Unscheduled Care Groups – the outcomes from these groups which meet monthly feed into the Acute Winter Planning Group and in some areas the Sector Group supports a number of smaller Locality Groups where Winter Planning is a regular agenda item.

Partnerships with Social Work departments – Greater Glasgow & Clyde links into 9 Local Authority Areas. Each of these areas provides a different range of social services support and winter planning is jointly undertaken through the Locality Groups.

Winter Planning is a regular agenda item on a number of management groups and formal reports at key points within the year are submitted to NHS Greater Glasgow & Clyde Board.

2 Agree and test escalation policies for management of in-patient capacity across the whole system

The escalation plan setting out the response of each of the key organisations during the winter period and particularly during the festive period, with clear triggers for each status, has been revised and updated. This includes reference to senior decision making and will be backed up by an on-call rota for each of the major partner organizations. If there is evidence of the system reaching or exceeding capacity, an escalation plan will be activated which will involve : identifying/opening further capacity, managing demand in conjunction with GPs, increasing NHSGGC OOHs triage for NHS24 and reducing elective activity to allow for increased emergency work.

There are no community hospitals in the GGC area but our Continuing Care and Rehabilitation sites are monitored as part of routine bed management to ensure capacity is fully utilised.

Examples of good joint working/escalation include:

- NHSGG&C will work closely with NHS24 to ensure a clear, shared understanding of NHS24's capacity to respond to varying levels of demand over the winter period. This will also involve agreement around escalation plans for handling demand for access which exceeds NHS24's capacity – this is supported through the GPOOH service.
- Mental Health Crisis Service - this will provide 24 hour 7 day week services which will assess patients for admission and discharge. These services will be in place over the festive period. The Crisis Teams will provide public holiday cover during the festive period and will receive referrals from Primary Care, Liaison Psychiatry and Acute services.
- The Scottish Ambulance Service will work with NHSGGC to identify local issues and pressure points and bring forward local level solutions, particularly with regard to delayed discharges, out of hour's services and vulnerable people.
- An escalation plan is in place within supported discharge teams to manage increased demand.
- The Board now has in place across GGC a Single Discharge Team which links in with each of the partner agencies through the localities to manage discharge planning – this has improved access to services and the joint working is supporting earlier discharge from hospital to reduce length of stay. Other initiatives which support discharge planning/ supporting patients within the community include :
 - Introduction and use of the joint Electronic Discharge Information System allows both health and social work services to monitor the discharge process for patients;
 - Staff on wards have direct access to ordering/ re-establishing Care Packages to enable early discharge and similarly have direct access to Equipment – this supports 7 day per week discharging
 - Health Support to Care Homes – within the Glasgow area, 85% of Nursing Homes are now covered by an Enhanced Medical Service, and, 100% of Nursing Homes are supported by Care Home Liaison Nurses whose key remit is to support care within the home, in particular around end of life care. The nurses are also actively involved with GPs to prevent hospital admission and to support patient discharge
 - GP Services ensure they stay open until 6.00 p.m. on days prior to public holidays and open appointment systems during days following public holidays
 - Access to community pharmacy services is well advertised and we continue to highlight the Minor Ailment Service which has seen a 10% increase in useage over the last year.
 - Piloting a joint initiative with Community Partners to provide within a Nursing Home, a Step Up facility for patients to avoid admission to hospital.
 - Joint initiative with Local Authority, Scottish Ambulance Service and Red Cross to provide a "City Centre Ambulatory Service" (SOS Bus) - key focus is alcohol related incidents.

- CH(C)Ps will ensure that a sufficient number of staff are available in the community to prevent admission to hospital where appropriate and to support patients on discharge by managing staffing levels and prioritisation of workload. Business Continuity Plans for CH(C)Ps are now in place and ensuring staff availability is a priority for action in these plans.
- CH(C)Ps have liaised with Directors of Social Work in the nine Local Authorities to identify areas for joint planning of staffing and workload, ensure clear information on out of hours contacts is held and to encourage staff to remind patients to organise their repeat prescriptions in advance of the festive period.

3 Undertake detailed analysis and planning to effectively schedule elective activity (both short and medium-term) based on forecast emergency and elective demand, to optimise whole systems business continuity. This should specifically take into account the surge in activity in the first week of January.

It has been acknowledged that there is a requirement to make better use of historical data which analysed demand and performance in previous years, as well as the proactive use of predictive tools such as System Watch and Simul8. Detailed analysis has been undertaken to map the last 4 years activity during the months November to March which has allowed a capacity plan to be prepared based on average activity and peaks in demand.

On an ongoing basis, a number of tools will be used to reflect trend activity in as many parts of the health care system as possible so that the most comprehensive overview may be given, including primary care information, attendance at A&E departments and emergency admissions to hospital. In addition information from spotter GP practices is available.

The data indicators include the following:

- A&E attendances data
- Out of hours activity
- Emergency admissions
- Mid-day bed state

These indicators will be compiled into daily reports providing hospital specific detail, and made available to health service planning staff both online in SharePoint, and emailed in electronic format. HI&T will be responsible for sending the weekly reports to the Scottish Government during the winter reporting period.

NHS GGC is currently undergoing significant redesign of services on key sites as part of the implementation of the Acute Services Review Strategy. Capacity planning has been undertaken to determine both emergency and elective activity during the winter period. During the winter period, to manage peaks in activity, elective capacity will be reviewed to create additional capacity to manage the increased emergency demand; and in particular during the first two weeks in January 2013. As activity warrants, beds which are normally closed at weekends will be opened. A key focus will be on discharge planning and the ability to support early discharge from hospital to free up capacity and also working with community services to look at supporting patients at home. Additional surge capacity has been identified which is currently being opened/could be opened in extremis – as outlined previously the challenge in opening additional capacity will be staffing such a facility.

To support reducing attenders at A&E and potential admissions, community partners will support acute services through, for example:

- Ensuring community teams provide rapid response for vulnerable older people at risk of hospital readmission over the Winter period
- Ensuring links are in place between community teams and hospital teams to work together to cover peaks in demand
- Identifying patients at risk of admission via local systems including using SPARRA date.
- Ensuring availability of additional support if required to care homes
- Ensuring District Nurse staffing levels are sufficient over periods of peak activity
- Ensuring information on District Nursing OOH bases, telephone/mobile phone /fax numbers are available for NHS GGC OOHs
- Ensuring supply of emergency equipment from EQUIPU to all District Nursing OOHs bases.
- Ensuring supply of syringe drivers in District Nursing OOH bases.
- Ensuring supply of essential pharmacy, wound dressings, continence products etc in all District Nursing OOH Bases.

4 Agree staff rotas in November for the fortnight in which the two festive holiday periods occur to match projected peaks in demand. These rotas should include services that support the management of inpatient pathways, (e.g.) diagnostics, pharmacy, phlebotomy, AHPs,

Workforce planning and management is core to the successful delivery of the Winter Plan. This will involve managing staff sickness, which historically is greater during the winter months, and the management of annual leave and study leave. All action plans aim to support management of absence through the winter months by the following measures

- Rotas have been reviewed and consultant medical staff identified. These will be reviewed in line with changing demand and pressures on acute services.
- Rotas across all disciplines have been reviewed to ensure staffed appropriately to meet demand.
- Review of previous years has shown that staff flexibility is crucial over the winter pressure period. CH(C)Ps and the Acute Division have considered how they will address staffing issues and are working to achieve the 4% sickness absence target set by the SGHD.
 - ❖ Provision of robust and relevant absence information to all local Managers. This will include the collation of reports on all individuals whose absence extends beyond 28 days or who have had more than four episodes of absence. This information will act as a checklist for line managers in order that all staff are handled appropriately. This information will be reported to Human Resources departments. Managers and Human Resources staff will ensure that Occupational Health services are utilised appropriately and that communication links are strengthened.
 - ❖ Ensuring robust operational management of sickness absence is taking place across all levels of management. This will include ensuring that sickness absence management is part of the performance management process
 - ❖ Ensuring that all staff are encouraged by line managers and Occupational Health to increase uptake of the flu vaccinations.
 - ❖ CH(C)Ps will ensure that a sufficient number of staff are available in the community to prevent admission to hospital where possible and to support

patients on discharge by appropriately managing staffing levels and prioritisation of workload. Business Continuity Plans for CH(C)Ps are now in place and ensuring staff availability is a priority for action in these plans.

- ❖ CH(C)P's are liaising with Directors of Social Work in the nine Local Authorities to identify areas for joint planning of staffing and workload, ensure clear information on out of hours contacts is held and to encourage staff to remind patients to organise their repeat prescriptions in advance of the festive period.
- ❖ GP OOH and NHS24 Staff Rotas have been circulated and are in the process of being filled.
- ❖ Community Pharmacy – pharmacies which will be open over the festive period have been identified and are included in the Winter Booklet and on the NHS web site
- ❖ Dental Services – rotas for emergency dental services have been agreed

5 Optimise patient flow by implementing Estimated Date of Discharge as soon as patients are admitted or scheduled for admission with supporting processes (e.g.) multi-disciplinary board rounds. This will support the proactive management of discharge and ensuring there are no delays in patient pathways. Ensure that appropriate medical staff are available, and that AHP rotas are structured, to facilitate the discharging of patients throughout weekends and the fortnight in which the two festive holiday periods occur in order to maximise capacity.

Key to effective Discharge Planning is a joint approach to this with partners across Acute and Community Care including: Scottish Ambulance Service; CHPs; and Local Authority partners– across the spectrum of services including Social Work Assessment; access to nursing home and residential care; access to home support services. In Greater Glasgow & Clyde we have 9 Local Authority partners and winter plans are agreed through the CHP local planning process – detail of these plans are available locally but will include the following:

- leave is planned in hospital/social work to ensure appropriate cover to manage anticipated peaks in activity in January.
- plans in place to respond to early notification to social work teams regarding anticipated increase in assessment and discharge activity to release beds.
- Equipment - local stock is available for discharge teams
- resourced escalation plan in place for home care services.
- Prior to festive period social work are committed to minimising the number of delays in discharges and ensure appropriate packages of support are available.

Estimated Date of Discharge policy is in place across all ward areas along with Nurse Led Discharge in many wards. Twice daily ward rounds in key areas will continue to take place to ensure patients are discharged as early as possible. Nurse led discharges will continue to be developed. Discharge Team have a festive plan in place to ensure maximization of discharges over the holiday period which is supported by dedicated discharge ward rounds from Consultants. Direct access to homecare services is in place for wards in Glasgow City Council and via supported discharge teams elsewhere. Additional ambulance transport will be available at key times to support discharges.

Work is ongoing across all areas to reduce boarding. Where there are surges in demand there is in place “The Capacity and Patient Flow Policy” to manage this. The policy is underpinned by a boarding/decant policy for main wards of the hospitals and for assessment areas. This includes the identification of patients to be boarded and a range of agreed exceptions. Changes in patient allocation to medical wards and dedicated ward consultants and the creation of assessment areas in a number of our acute hospital sites has resulted in a reduction in boarding and improved continuity of care and patient management resulting in a reduction in length of stay and more timely discharging.

6 Ensure that communications between key partners, staff, patients and the public are effective and that key messages are consistent.

As in previous years, the Communications team are supporting the organisation’s preparations for winter through the local and national winter campaigns. A Winter Planning Booklet is in the process of being produced providing information on service availability over the festive period including pharmacy opening hours. This actively uses the Know Who To Turn To logo which summarises alternatives to attendance at A&E.

The team is liaising with Local Authorities to ensure their staff are aware of the festive season arrangements in their daily contacts with specific groups, such as users of home care services. Media briefings will be prepared with the Acute Division (including NHS GGC OOHs) and Partnerships for local and national media highlighting the Board’s plans for managing winter pressures as appropriate.

Communications will also manage all winter media enquiries, ensuring these are reported to the Scottish Government via the normal weekly reporting process and more urgently if necessary. The team will participate in a national group led by NHS24 which is planning this year’s national publicity campaign. This group is a sub-group of the national Out-of-Hours Peak Planning Group.

Communication between partner agencies is crucial in managing the winter demand and there are clear contact details outlined within the Escalation Plan. Supporting communication is the weekly report which the HI&T team will send not only to the Scottish Government but to a wide distribution of key individuals. At the same time local communication processes are in place and winter will continue to be the focus in local and senior management and clinical group meetings.

7 Effectively Prepare For and Implement Norovirus Outbreak Control Measures

A Policy has been developed with Infection Control identifying clearly how norovirus shall be managed and this is linked into the national guidance. The Escalation plan has been reviewed following the SEHSD Norovirus Summit and no changes required. . Bed capacity will be created through the realignment of services to manage any demand.

8 Continuity Plans.

In recognizing the need to prepare for all possible scenarios, a system-wide contingency plan including criteria which will necessitate its activation has been developed. This will involve

use of all information available, including utilising spotter practices, Simul8, System Watch, information from NHS24 and all hospital systems.

There will be across the area an on call system at executive level covering the extended festive period from before Christmas until after New Year. This will enable expeditious decisions to be taken at senior level in all areas of the organisation, should this be necessary, and will allow the early activation of contingency plans where necessary.

9 **Resource Consequences**

As outlined above, the current financial climate brings significant challenges in managing additional demand over the winter period. The Scottish Government have made available resources to support additional surge capacity and redesign initiatives – bids against this funding have been submitted. Consideration has to be given to each part of the plan to identify the implications for additional resources and this will be updated as necessary.